PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2001								MFCP.88143					
CLAIMS AS FILED - PART I (Column 1) (Co						mn 2)	T EI	YTTY	OR	OTHER SMALL			
TOTAL CLAIMS			11				RA	TE.	FEE	1 1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			// minus 20=		• 1		X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			<b>√</b> minus 3 =		• /		X42=			OR	X84=	840	
MULTIPLE DEPENDENT CLAIM P			RESENT				+140=			OR	+280=	<i>#</i>	
* If the difference in column 1 is less				than zero, enter "0" in column 2				TOTAL		OR	TOTAL	824	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	•	HIGH NUM PREVI	IEST IBER	PRESENT EXTRA	. RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 6	Minus	l	.0	= \	X\$	9=		OR	X\$18=		
ME	Independent	• 4	Minus	000 (	4	- \	X4	2=		OR	X84=		
	FIRST PRESE	ULTIPI.F	ENDEN	T CLAIM		+14	0=		OR	+280=			
•							ADDIT.	OTAL		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)	- ADDI1.	FEE				1	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		MUM PREVI	REST 4BER OUSLY FOR	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE	. !	RATE	ADDI- TIONAL FEE	
	Total	•	Minua	**			X\$	9=		OR	X\$18=		
	Independent	*	Minco	000	·	-	X4	2=		OR	X84=		
	FIRST PRESE	NTATION OF M	ULTIPLE	EPENDEN	T CLAIM		+14	0=		OR	+280=		
							ADDIT	OTAL FEE		OR	YOYAL ADDIT, FEE		
		(Column 1)			mn 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	· ·	NUN PREVI	AESY ABER OUSLY FOR	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Milni	66			X\$	9= <u> </u>		OR	X\$18=		
ARE I	Independent	•	Minu	000	T (1 4 12 1		X4	2=		OR	X84=		
Ľ	FIRST PRESENTATION OF MULTIPUE DEPENDENT CLAIM					+14	0=		OR	+280=			
* If the entry in column 1 is less than the entry 'mn 2, write "0" in column 3.  ** If th "Highest Number Previously Pald For" S SPACE is less than 20, enter "20."								OTAL		OR	TOTAL		
981	S SPACE is less than 20, enter 20."  ***If the "Highest Number Previously Paid 6  ***If the "Highest Number Previously Paid 6  **If the "Highest Number Previously Paid 6  Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 8/01)

女U 5 0PO 2001 402-124/5818

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